

JUN 01 2006

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/510,076
Filing Date	September 30, 2004
First Named Inventor	Peter Lockhead Hepburn
Art Unit	
Examiner Name	
Total Number of Pages in This Submission	2
Attorney Docket Number	71622-0013

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Remarks	

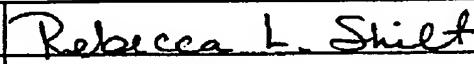
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	McGarry Bair PC
Signature	
Printed name	Joel E. Bair
Date	7 Oct 2005
	Reg. No. 33,356

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature



Typed or printed name

Rebecca L. Shilt

Date

7 October 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including the gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

***** -COMM. JOURNAL- ***** DATE OCT-07-2005 ***** TIME 12:39 *** P.01

ED

MODE = MEMORY TRANSMISSION

START=OCT-07 12:38

END=OCT-07 12:39

CENTRAL FAX CENTER

FILE NO.= 146

JUN 01 2006

STN	COMM.	ONE-TOUCH/ ABBR. NO.	STATION NAME/EMAIL ADDRESS/TELEPHONE NO.	PAGES	DURATION
001	OK	2	15712738300	002/002	00:01:17

-McGarry Bair PC-

***** -McGarry Bair PC - ***** 616 742 1810- *****

PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 2

Application Number 10510.078

Filing Date September 30, 2004

First Named Inventor Peter Lockheed Hapton

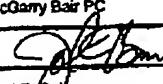
Art Unit

Examiner Name

Attorney Docket Number 71522-0063

ENCLOSURES (Check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (PTO/SB/83)	
<input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit/Declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Remarks		
<input type="checkbox"/> Certified Copy of Priority Document(s)			
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	McGarry Bair PC		
Signature			
Printed name	Joel E. Bair		
Date	7 Oct 2005	Reg. No.	33,356

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

Rebecca L. Shifft

Date

7 October 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the gathering, preparing, and submitting the completed application form to the USPTO, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

RECEIVED
CENTRAL FAX CENTER

Auto-Reply Facsimile Transmission

JUN 01 2006



TO: Fax Sender at 616 742 1010

Fax Information

Date Received:

10/7/2005 12:29:00 PM [Eastern Daylight Time]

Total Pages:

2 (including cover page)

ADVISORY: This is an automatically generated return receipt confirmation of the facsimile transmission received by the Office. Please check to make sure that the number of pages listed as received in Total Pages above matches what was intended to be sent. Applicants are advised to retain this receipt in the unlikely event that proof of this facsimile transmission is necessary. Applicants are also advised to use the certificate of facsimile transmission procedures set forth in 37 CFR 1.8(a) and (b), 37 CFR 1.6(f). Trademark Applicants, also see the Trademark Manual of Examining Procedure (TMEP) section 306 et seq.

Received
Cover
Page
=====>

OCT-07-2005 12:38 McGarry Bair PC		616 742 1010 P.08/15									
PTO/SB/41-09-09 Approved for use through 09/30/2008 GPO:2008-09-09 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.											
<table border="1"> <tr> <td colspan="2">TRANSMITTAL FORM</td> </tr> <tr> <td colspan="2"> <small>Date used for correspondence after initial filing</small> <small>Total Number of Pages in This Submission 3</small> </td> </tr> <tr> <td colspan="2"> <small>Application Number 10/294,594</small> <small>Filing Date September 29, 2004</small> <small>Fax Number/Address Peter Lushine, Medium</small> <small>Att. Unit</small> <small>Examiner Name</small> <small>Accessory Document Number 10294594-3</small> </td> </tr> </table>			TRANSMITTAL FORM		<small>Date used for correspondence after initial filing</small> <small>Total Number of Pages in This Submission 3</small>		<small>Application Number 10/294,594</small> <small>Filing Date September 29, 2004</small> <small>Fax Number/Address Peter Lushine, Medium</small> <small>Att. Unit</small> <small>Examiner Name</small> <small>Accessory Document Number 10294594-3</small>				
TRANSMITTAL FORM											
<small>Date used for correspondence after initial filing</small> <small>Total Number of Pages in This Submission 3</small>											
<small>Application Number 10/294,594</small> <small>Filing Date September 29, 2004</small> <small>Fax Number/Address Peter Lushine, Medium</small> <small>Att. Unit</small> <small>Examiner Name</small> <small>Accessory Document Number 10294594-3</small>											
<table border="1"> <tr> <td colspan="3">ENCLOSURES (Check all that apply)</td> </tr> <tr> <td> <input type="checkbox"/> Five Translated Parts <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> Alter Part <input type="checkbox"/> Affidavit/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documentation <input type="checkbox"/> Reply to Missing Parts <input type="checkbox"/> Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.32 or 1.33 </td> <td> <input type="checkbox"/> Correspondence <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Tables on CD </td> <td> <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Initial Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify) <small>Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (PTO/CB/40)</small> </td> </tr> <tr> <td colspan="3">Remarks</td> </tr> </table>			ENCLOSURES (Check all that apply)			<input type="checkbox"/> Five Translated Parts <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> Alter Part <input type="checkbox"/> Affidavit/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documentation <input type="checkbox"/> Reply to Missing Parts <input type="checkbox"/> Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.32 or 1.33	<input type="checkbox"/> Correspondence <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Tables on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Initial Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify) <small>Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (PTO/CB/40)</small>	Remarks		
ENCLOSURES (Check all that apply)											
<input type="checkbox"/> Five Translated Parts <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> Alter Part <input type="checkbox"/> Affidavit/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documentation <input type="checkbox"/> Reply to Missing Parts <input type="checkbox"/> Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.32 or 1.33	<input type="checkbox"/> Correspondence <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Tables on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Initial Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify) <small>Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (PTO/CB/40)</small>									
Remarks											
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT											
Print Name	McGarry Bair PC										
Signature											
Printed Name	Joel S. Bair										
Date	7 Oct 2005	Reg. No. 33,356									
CERTIFICATE OF TRANSMISSION/MAILING											
<small>I hereby certify that the correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date above written.</small>											
Signature	Rebecca L. Shieff										
Type or print name	Rebecca L. Shieff										
<small>This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is made available by the USPTO to persons, firms, and organizations that conduct business with the USPTO. Your cooperation is requested to help us to better serve you, including the gathering, preparing, and submitting the completed Application Data to the USPTO. Your responses are subject to review under the Information Quality Act. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</small>											
<small>If you need assistance in completing the form, call 1-800-PTO-2799 and select option 2.</small>											